LUTHERAN HOME, INC., THE 7500 WEST NORTH AVENUE

WAUWATOSA 53213 Phone: (414) 258	-6170	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Opera	tion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03): 218	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	218	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	195	Average Daily Census:	206

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No	. 4 2			 ક		12.8
Supp. Home Care-Personal Care	No			1		1 10010	41.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.5	•	28.2
Day Services	No	Mental Illness (Org./Psy)	10.3	65 - 74	4.1		
Respite Care	No	Mental Illness (Other)	0.5	75 - 84	22.6		82.6
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	56.4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.5			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	12.3		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	22.6	65 & Over	99.5		
Transportation	No	Cerebrovascular	14.9			RNs	15.2
Referral Service	No	Diabetes	4.1	Gender	용	LPNs	11.1
Other Services	No	Respiratory	3.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	30.8	Male	17.4	Aides, & Orderlies	43.7
Mentally Ill	No			Female	82.6		
Provide Day Programming for			100.0	I			
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	ે	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	17	100.0	317	81	82.7	134	0	0.0	0	55	68.8	215	0	0.0	0	0	0.0	0	153	78.5
Intermediate				17	17.3	134	0	0.0	0	25	31.3	195	0	0.0	0	0	0.0	0	42	21.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		98	100.0		0	0.0		80	100.0		0	0.0		0	0.0		195	100.0

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Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, a	nd Activities as of	12/31/03
Deaths During Reporting Period	-						
				9	% Needing		Total
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		70.8	29.2	195
Other Nursing Homes	0.9	Dressing	15.4		51.8	32.8	195
Acute Care Hospitals	91.5	Transferring	23.6		49.2	27.2	195
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		48.2	31.8	195
Rehabilitation Hospitals	1.4	Eating	67.7		15.9	16.4	195
Other Locations	3.3	******	******	****	******	*****	*****
Total Number of Admissions	212	Continence		용	Special Treatme	ents	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Res	piratory Care	3.1
Private Home/No Home Health	15.2	Occ/Freq. Incontiner	nt of Bladder	56.4	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	18.4	Occ/Freq. Incontiner	nt of Bowel	52.8	Receiving Suc	tioning	0.0
Other Nursing Homes	2.5				Receiving Ost	omy Care	1.5
Acute Care Hospitals	4.9	Mobility			Receiving Tub	e Feeding	4.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	hanically Altered Di	ets 24.6
Rehabilitation Hospitals	0.0						
Other Locations	13.1	Skin Care			Other Resident	Characteristics	
Deaths	45.9	With Pressure Sores		5.1	Have Advance	Directives	94.9
Total Number of Discharges		With Rashes		0.5	Medications		

Receiving Psychoactive Drugs 60.5

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(Including Deaths)

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		ership:	Bed	Size:	Lic	ensure:			
	This	This Nonprofit			00+	Ski	lled	Al	1
	Facility Peer		Group	Peer	Group	Peer	Group	Faci	lities
	90	8	Ratio	왕	Ratio	엉	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79.8	87.9	0.91	86.1	0.93	86.6	0.92	87.4	0.91
Current Residents from In-County	84.1	87.5	0.96	79.8	1.05	84.5	1.00	76.7	1.10
Admissions from In-County, Still Residing	24.5	22.9	1.07	24.0	1.02	20.3	1.21	19.6	1.25
Admissions/Average Daily Census	102.9	144.5	0.71	118.5	0.87	157.3	0.65	141.3	0.73
Discharges/Average Daily Census	118.4	147.5	0.80	120.4	0.98	159.9	0.74	142.5	0.83
Discharges To Private Residence/Average Daily Census	39.8	49.7	0.80	34.8	1.14	60.3	0.66	61.6	0.65
Residents Receiving Skilled Care	78.5	93.9	0.84	91.2	0.86	93.5	0.84	88.1	0.89
Residents Aged 65 and Older	99.5	97.1	1.02	90.2	1.10	90.8	1.10	87.8	1.13
Title 19 (Medicaid) Funded Residents	50.3	50.3	1.00	62.8	0.80	58.2	0.86	65.9	0.76
Private Pay Funded Residents	41.0	34.6	1.18	20.6	1.99	23.4	1.76	21.0	1.96
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	10.8	35.5	0.30	32.9	0.33	33.5	0.32	33.6	0.32
General Medical Service Residents	30.8	23.0	1.34	20.1	1.53	21.4	1.44	20.6	1.50
Impaired ADL (Mean)	51.2	51.9	0.99	51.2	1.00	51.8	0.99	49.4	1.04
Psychological Problems	60.5	62.2	0.97	61.5	0.98	60.6	1.00	57.4	1.06
Nursing Care Required (Mean)	4.9	7.2	0.67	7.6	0.64	7.3	0.67	7.3	0.66